

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10089119	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1								
2									
3									
4			3						
5			3						
6									
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45									
46									
47									
48									
49									
50									
TOTAL IND.			7						
TOTAL DEP.			27						
TOTAL CLAIMS			34						

BEST AVAILABLE COPY